2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 09, 2009
Secretary of State

DOCUMENT# N27264

Entity Name: OUTREACH COMMUNITY CARE NETWORK, INC.

Current Principal Place of Business:

240 N FREDRICK AVENUE
STE D
DAYTONA BEACH, FL 32114 US

New Principal Place of Business:

240 N FREDERICK AVENUE
STE D
DAYTONA BEACH, FL 32114 US

Current Mailing Address:

PO BOX 9177
DAYTONA BEACH, FL 32120 US

New Mailing Address:

FEI Number: 59-2897172 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired (X)**

Name and Address of Current Registered Agent:

JENNINGS, LORETTA
176 BRANDY HILLS DR.
PORT ORANGE, FL 32129 US

Name and Address of New Registered Agent:

The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE: _____

Electronic Signature of Registered Agent — Date

OFFICERS AND DIRECTORS:

Title:	PD	( ) Delete
Name:	FLEET, MARK VAN	
Address:	2545 S ATLANTIC AVE	
City-St-Zip:	DAYTONA BEACH, FL 32118	
Title:	ED	( ) Delete
Name:	JENNINGS, LORETTA	
Address:	176 BRANDY HILLS DR.	
City-St-Zip:	PORT ORANGE, FL	
Title:	DS	( ) Delete
Name:	MARUSA, EDWARD	
Address:	1942 TETON LANE	
City-St-Zip:	DAYTONA BEACH, FL 32128	
Title:	VP	( ) Delete
Name:	LAVIGNA, PHYLLIS	
Address:	116 SNOW GOOSE CT	
City-St-Zip:	DAYTONA BEACH, FL 32119	
Title:	S	( ) Delete
Name:	FRISBEE, GERALD	
Address:	3536 FOREST BRANCH DR APT C	
City-St-Zip:	PORT ORANGE, FL 32129	

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	
Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	
Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	
Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	
Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my electronic signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 617, Florida Statutes; and that my name appears above, or on an attachment with an address, with all other like empowered.

SIGNATURE: LORETTA JENNINGS ED 01/09/2009

Electronic Signature of Signing Officer or Director — Date